

RURAL **HEALTH** WORKSHOP

# Lunch and Learn: Louisiana Health Equity Consortium and Mitigating Disparities in Healthcare in Rural Louisiana



# Speakers

- Theresa Hudson, MPH
  - Health Disparities Manager
  - Louisiana Department of Health – Bureau of Community Partnerships and Health Equity
- Karen Wyble, DNP, MSN, MHA, MBA, RN
  - Vice President of Regional Community Affairs
  - Ochsner Lafayette General





# HOLD MY HAND

---

*Changing Health Policies to Improve  
Health Disparities for Marginalized  
Populations*

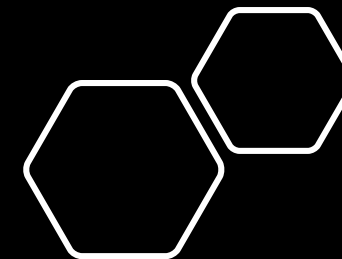




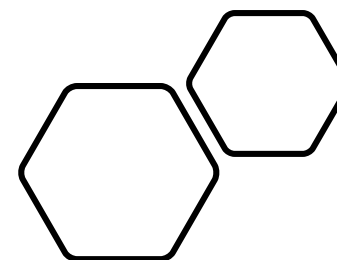
[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)













[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)





[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)







Photo by:  
Alexander Eschke



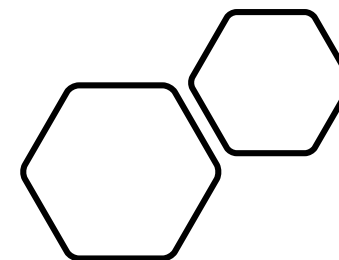








[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)













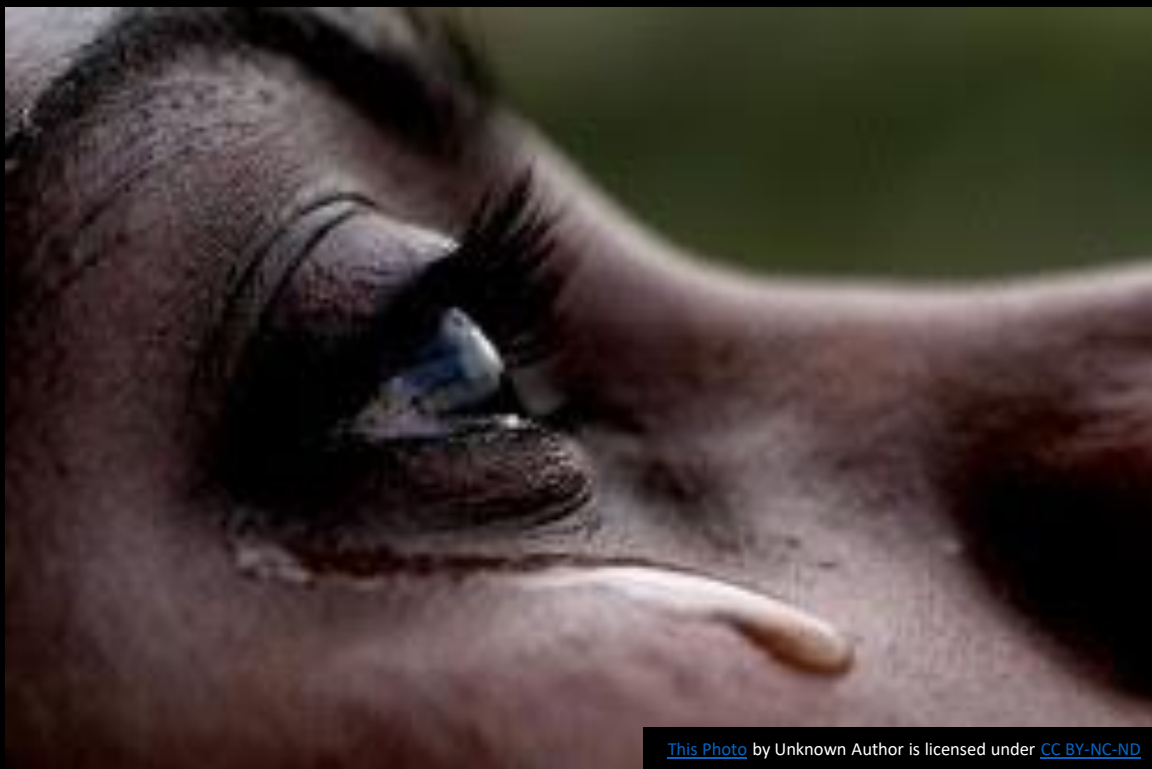




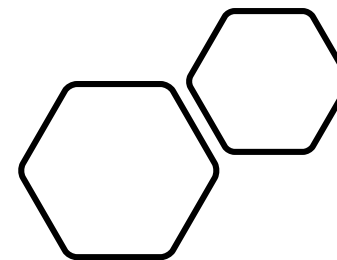


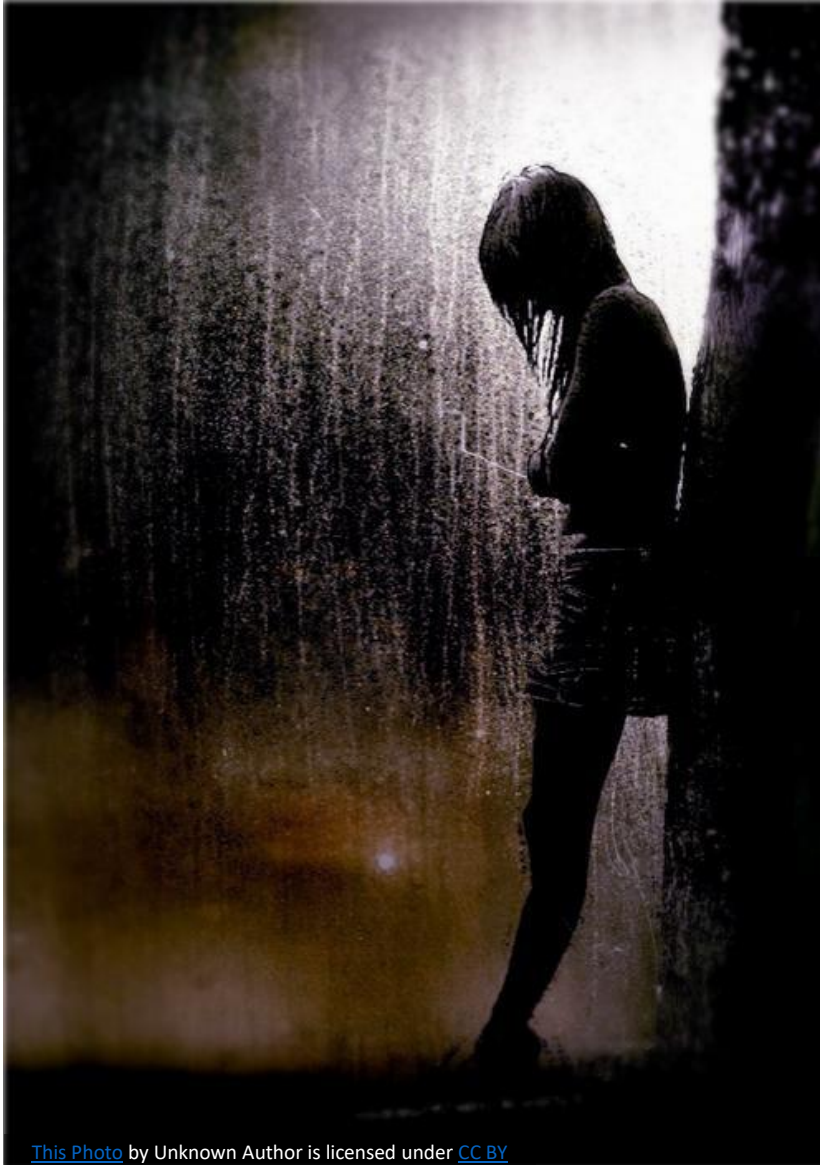




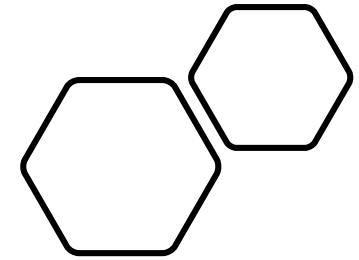


[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)





[This Photo](#) by Unknown Author is licensed under [CC BY](#)







# What is Disparity?

- *A significant difference and with healthcare the difference is in health outcomes.*
- *These are preventable disparities often seen in marginalized populations.*
- *Disparity is heightened when our families do not have access to telemedicine and other technology, so we are witnessing digital disparities.*

**Source:** Dr. Margee Louisias at Brigham and Women's Hospital and Harvard Medical School




# How Do We Address It?

- Lisa Cooper, M.D., Johns Hopkins University:

*“The stressors are disproportionately by people who are poor, and historically have been disadvantaged in society.”*



- 
- We need **EVERYONE** to be a part of the solution.
  - We need **EVERYONE** to listen to reality
  - We need **EVERYONE** to see reality
  - We need **EVERYONE** to hold my hand through this journey of mitigating this systemic issue.

# ENOUGH – ENOUGH - ENOUGH

---

- We know the key drivers
- We did the research
- We know the statistics
- AND it is 2023 and we are still tolerating these facts



This Photo by Unknown Author is licensed under [CC BY-SA](#)



# A Sour Taste of Reality



This Photo by Unknown Author is licensed under [CC BY-NC-ND](#)

- African American men live seven years less than other racial groups (CDC, 2013).
- African American adults are at least 50% more likely to die prematurely from heart disease or stroke (CDC, 2013).

# A Sour Taste of Reality (cont.)

---

- Blacks, Native Americans and Alaska Natives received worse care than whites.
- More than one-third of Hispanics received worse care than whites.
- Latino adults are 45% more likely to die from diabetes (CDC, 2010).







## A Sour Taste of Reality (cont.)

---

- Infant mortality and low infant birth weight among Black infants in the United States is double that of white infants.
- Black women are three and one-half times more likely than non-Hispanic white women to receive little or no prenatal care.
- Black women are 40% more likely to die of breast cancer.



# Rural Louisiana

---

- 50 of Louisiana's 64 parishes are identified as at least 92.3% rural (Stacker, 2022).
- In Louisiana, approximately 73% of the population lives in what the federal government has termed Healthcare Professional Shortage Areas (HPSA).
- Well-Ahead LA reports 63 out of 64 parishes are designated HPSA





# Critical Support Needed for Rural Communities

- Rural communities make up about 80% of Louisiana's landmass.
- More than 1.2 million Louisianans live in rural areas.
- Today's rural Louisiana communities face higher rates of unemployment, lower median incomes, shorter life expectancies and lower rates of high school graduation than their urban neighbors.
- Nearly 1 in 4 individuals in rural parishes live below the poverty line.
- High rates of food insecurity and poor food access.

**Source:** U.S. Department of Agriculture's Economic Research Services



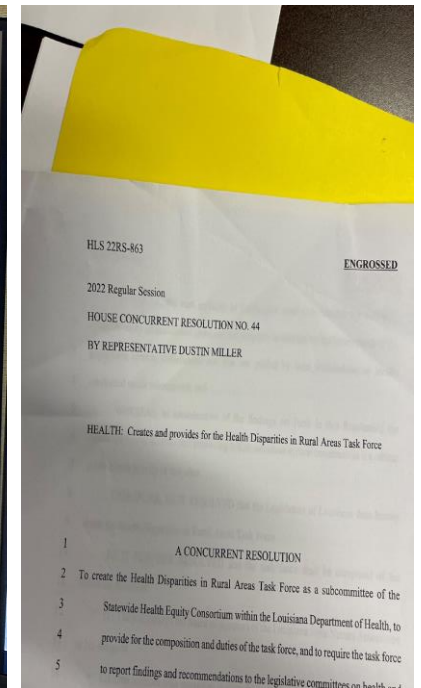


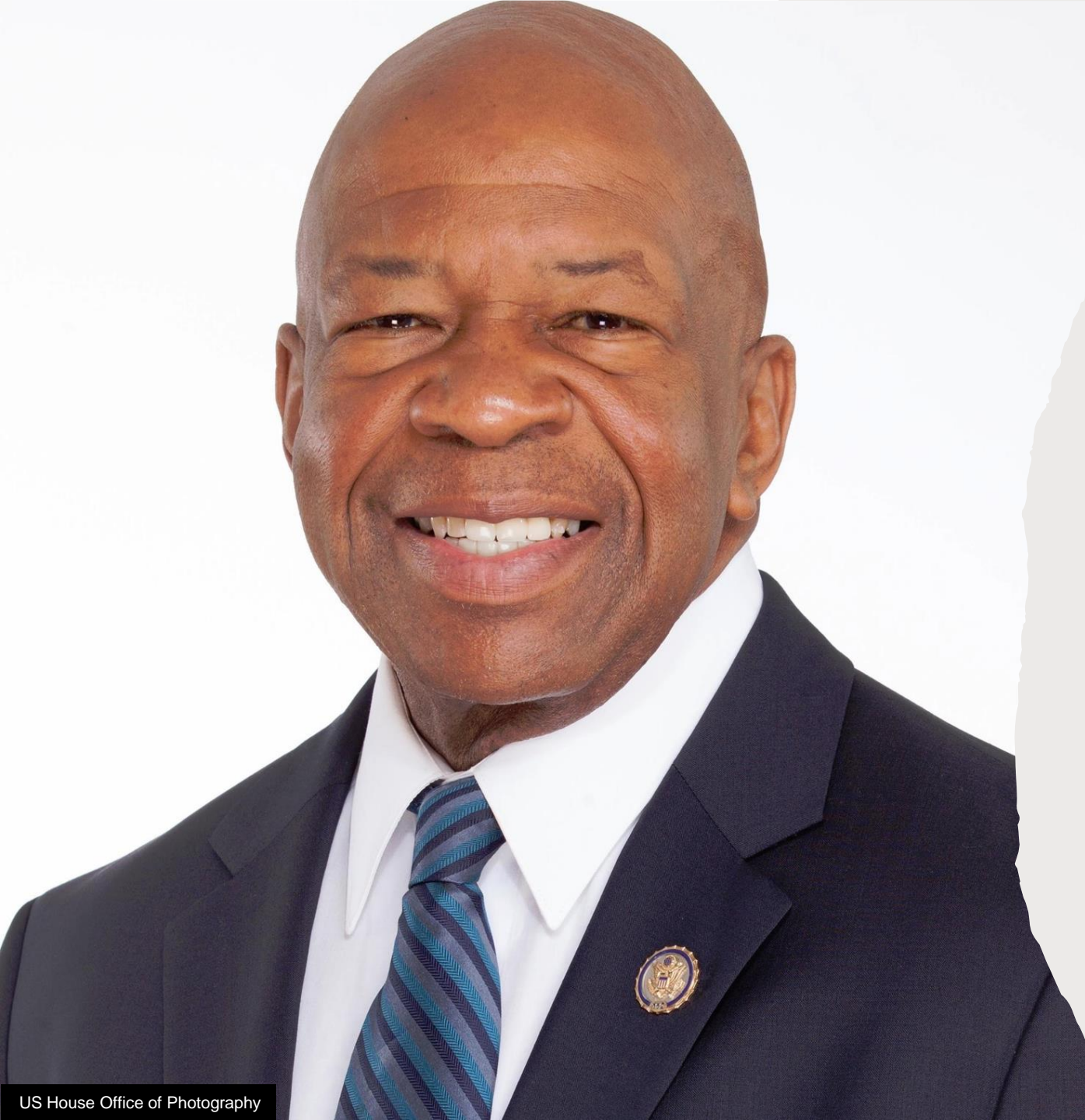


Representatives  
Pierre and  
Miller



# House Concurrent Resolution #44





# A Strong Nation

**Elijah E. Cummings, Former U.S.  
Congressman, Maryland's 7<sup>th</sup> District**

*"If we want a nation to be strong, the nation must be healthy....we need to stamp out disparities by any means necessary. People must have a liberated future, and that means freedom to be all that GOD meant for you to be. When we don't deal with disparities, we have failed our families and we have failed our communities."*



We need  
**ALL OF US**  
to take action



## Louisiana Department of Health

---

- State Health Equity Consortium
- Louisiana Development and Planning – State Health Assessment (SHA)
- Chair of the committee (HCR #44)

# Goals of Louisiana Health Equity Consortium

- Enable meaningful and purposeful discussion on regional and local needs to reduce health inequities and improve health outcomes.
- Facilitate collaborative action planning with the identified State Health Improvement Plan (SHIP) workgroups and focus areas
  - Chronic Disease, Behavioral Health, Community Safety, Maternal/ Child Health
- Act as a catalyst for strategic partnerships, leveraging of resources and community-engaged program implementation
- Facilitate the development and implementation of Health Equity Plans specific to local needs.

**Mental Health  
Awareness**



Adverse Childhood Experiences

## Chronic Illness ACE FACT Sheet

Addison's Asthma Autoimmune Disease  
Cancer Celiac disease  
Chronic Fatigue (ME/CFS) \*  
Coronary heart disease  
Diabetes, type 1 & type 2  
Fibromyalgia (FMS) \* Grave's  
Hashimoto's Hypertension  
Irritable Bowel Sndrome  
Inflammatory Bow



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

# Top Four Focus Areas

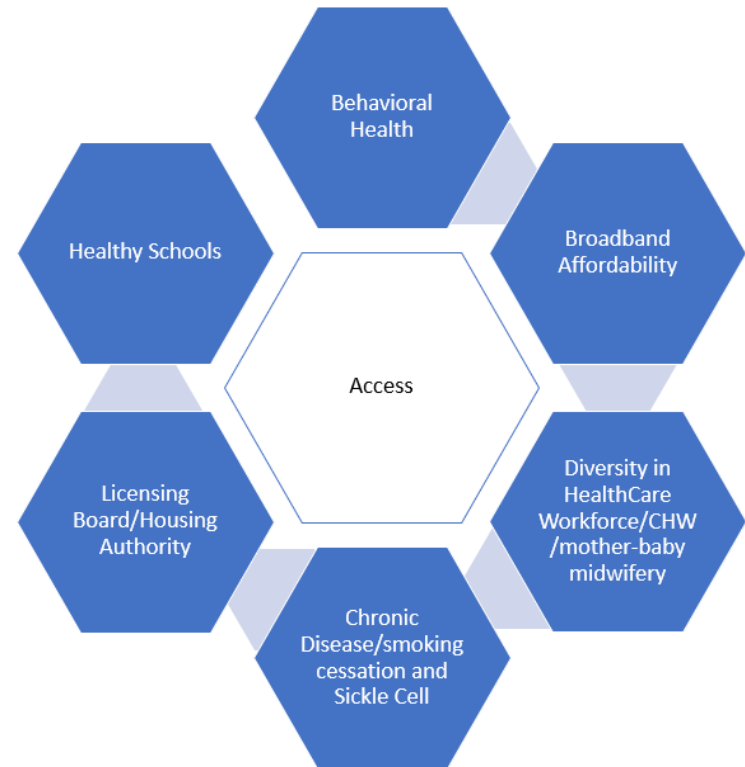
- (1) Behavioral Health
- (2) Chronic Disease
- (3) Maternal and Child Health
- (4) Community Safety



# HCR #44 -Task Force Mission



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)



# Diversity in Healthcare Workforce

Diversity in the healthcare workforce improves patient outcomes

- When we look at the literature, its clear that when you serve patients, they tell you that they are most comfortable with a caregiver that understands their background.
- Patient outcomes are largely dependent on how satisfied a patient is with their experience.
- We must be able to think beyond the clinical setting when caring for our patients.
- We need to ask the question: Is this provider the right fit for the patients they serve?





# Racial/Ethnic Diversity in Healthcare Providers

---

- Multiple reports and sources support the urgent need to reduce and ultimately eliminate health disparities.
- Diabetes care, maternal and child healthcare, adverse events, cancer screening and access to care are examples of persistent disparities for minority and low-income populations.
- Quality measures of disparities related to age, race/ethnicity and income are not improving.
- Demographic trends predict a rapid growth in racial/ethnic minority populations by 2060.

**Source:** Phillips, J. M., & Malone, B. (2014). Increasing racial/ethnic diversity in nursing to reduce health disparities and achieve health equity. *Public health reports (Washington, D.C. : 1974)*, 129 Suppl 2(Suppl 2), 45–50. <https://doi.org/10.1177/00333549141291S209>





# Nursing Representation

- Findings indicates that nurses from minority backgrounds represent 16.8% of the RN workforce.
- The number of racial/ethnic minority individuals enrolled in nursing schools is suboptimal to meet the diversity needs of the future.
- Minority nurse faculty underrepresentation is yet another concern. Recent findings revealed that 12.6% of full-time nursing school faculty come from minority backgrounds, and approximately 6.2% are male.



# HCR #44 - Eradicate Disparities



- We must change health policies to support equity in healthcare for **ALL** residents of Louisiana.
- We must help patients invest in their own health by focusing on a workforce that is diversified.
- Additional providers in the rural communities to reduce the number of HPSA areas through rural training programs.
- Invest in virtual medicine and understand that rural medicine is not urban medicine.
- Community Health Workers (CHW) to support providers to best understand the social determinants for each population and the gaps in care.
- Invest in the community safety through infrastructure upgrades.

# HCR #44 Findings/Recommendations

*(2) Considering social determinants of health in developing recommendations for delivering high-quality health care in rural areas.*

## **Finding:**

Considering the (SDOH) Social Determinants of Health, a finding is that while the rest of the country saw a decrease in the number of families that cannot afford life's necessities, Louisiana has not according to Louisiana Budget Project Report. The census.gov reported that the share of black families in poverty was 1.8 times greater than their share among the general population. The most common racial or ethnic group living below the poverty line in Louisiana is Black according to Data USA: Louisiana. 15.5% of blacks in Louisiana live in "deep poverty" meaning their household income was below 50% of the federal poverty line.

## **Recommendation:**

Ensure that state Commissions have rural and minority representation to focus on reducing poverty rates among Black families. This commission will assess the key drivers creating poverty levels for this specific population and work directly with state workforce and labor management to assess opportunities for training and employment in rural communities. This advisory commission will also align academia training programs with a diversity promotion in its application process.



# HCR #44 Findings/Recommendations

*(2) Considering social determinants of health in developing recommendations for delivering high-quality health care in rural areas.*

## **Finding:**

Louisiana spends less than 3% of tobacco revenue on anti-smoking programs, earning failing grades. Louisiana only spends a quarter of the amount recommended by the Centers for Disease Control and Prevention on tobacco control programs. Over 23% of adults in Louisiana smoke compared to 13.7% of the country.

## **Recommendation:**

Advocate for support for a smoke-free state for all businesses and an increase in Louisiana smoker cessation spending to \$2.14 per smoker, approximately 47 million dollars annually. (3) Studying practicable solutions for reducing healthcare provider shortages in rural communities of Louisiana.

# HCR #44 Findings/Recommendations

*(3) Studying practicable solutions for reducing healthcare provider shortages in rural communities of Louisiana.*

## **Findings:**

Of the 64 parishes in the state, 50 parishes are at least 92.3% rural with majority population of elderly, poor and minority. Approximately 73% of the population across the State lives in HPSA-designated areas with 1.2 million Louisianans living in rural areas. Nearly 1 in 4 individuals in a rural parish live below the poverty line with high rates of food insecurity and lower median income, shorter life expectancies, and lower high school graduation rates than the urban neighbors. 15.5% of our black families live in “deep poverty” that is 50% below the federal poverty level.

## **Recommendation:**

Ensure that rural and minority healthcare leaders have representation on the Workforce Commissions, Healthworks Commission, Nursing Supply and Demand Council, and the Louisiana State Board of Nursing to develop a plan of action to reduce HPSA-designated areas. These commissions should also review the opportunity, including benefit coverage, for mobile clinics to be utilized across the rural communities to deliver resources to these medically underserved communities.



# HCR #44 Findings/Recommendations

*(3) Studying practicable solutions for reducing healthcare provider shortages in rural communities of Louisiana.*

## **Finding:**

According to Dr. Gillispie-Bell, 31.3% of the parishes in Louisiana are maternity deserts

## **Recommendations:**

- Create a Louisiana Black Maternal Health Caucus that will fight the drastic racial disparities for pregnant Black people. Priority areas for prevention include:
  - Improving care coordination before, during and after pregnancy, including support for healthcare during the fourth trimester,
  - Ensuring pregnant people receive the appropriate level of care based on the complexity and severity (acuity) of their medical issues and risk factors present,
  - Expanding the obstetric healthcare workforce through telehealth and include specialists such as cardiologists, psychiatrists, and behavioral/mental health specialists,
  - Addressing racial and cultural bias across the network of care that serves pregnant and postpartum individuals,
  - Improving and expand identification of and treatment for substance use and mental health during pregnancy,
  - Increasing awareness of the Louisiana Pregnancy Associated Mortality Review Committee and supporting the need for data sharing, and
  - Contributing to the public health evidence base to increase capacity and better understand and address pregnancy-associated mortality.

# HCR #44 Findings/Recommendations

*(4) Collaborating with health professional licensing boards of this state to draft proposals for legislation that will foster greater access to care for rural residents.*

## **Findings:**

Registered nurses are not allowed to practice in the home with home health until they have completed at least a year of training in the hospital. However, we allow new nurses to practice in the ICU and ED with no prior experience. We have paramedics administering care at the home or scene, starting infusions, and are not Registered Nurses.

## **Recommendation:**

Pilot a program to allow RNs with no prior experience to provide care in the home with the appropriate orientation. Assess patient safety upon pilot completion before broad expansion.



# HCR #44 Findings/Recommendations

*(4) Collaborating with health professional licensing boards of this state to draft proposals for legislation that will foster greater access to care for rural residents.*

## **Finding:**

The CHW workforce nationally struggles with turnover, in part due to low pay. Most CHW survey respondents earned less than \$40,000 annually, below the median increase in Louisiana. Of the CHWs survey, approximately one-third held an additional job outside the CHW field, with 59.1% reporting they worked a second job to supplement their income as a CHW.

## **Recommendation:**

Approve the necessary training sites for CHWs in Louisiana to deliver more resources to rural communities. To apply to be a training site, academia must send applications and curriculum to the CHW Coalition and for approval. We need more funding for CHW training for home visits.

We ask that the State of Louisiana approve a salary increase for CHWs. The CHWs were given a supplement during the COVID pandemic to support vaccine hesitancy and promote the COVID vaccines.

The following services should be covered as our families need these types of support:

- Insurance enrollment and insurance navigator assistance
- Case management
- Direct or provision of transportation for a beneficiary to and from service

Services should be increased to 20 hours per month per beneficiary. CHW services should not be included in the other provider type service billing.

Group services are allowed but must be documented and billed as a limit to a maximum of 8 per session. CHWs can bill at \$18.11 per person but decreases as group numbers increase. So, a family of 5, would be \$17 + \$2.79. We need to increase amount of reimbursement for CHW roles.

# HCR #44 Findings/Recommendations

*(4) Collaborating with health professional licensing boards of this state to draft proposals for legislation that will foster greater access to care for rural residents.*

## **Finding:**

Health Care facilities across the State do NOT have a focus or emphasis on requirements to reduce healthcare disparities. Effective January 1, 2023, new and revised requirements to reduce health care disparities will apply to organizations in the Joint Commission's ambulatory health care, behavioral health care, and human services, critical access hospitals, and hospital accreditation programs. Joint Commission's R<sup>3</sup> Report (Requirement, Rationale, Reference) was released on June 20, 2022, in Issue 36, highlighting these requirements.

## **Recommendation:**

- All healthcare facilities licensed in Louisiana to provide healthcare to patients should have a defined program with identified requirements to reduce healthcare disparities. The Joint Commission's requirements are a great reference as a guide to healthcare organizations in developing a standard template for all healthcare facilities. Since nearly 42% of healthcare facilities licensed in the state of Louisiana (Source: LDH Health Standards Team) are not accredited by Joint Commission, we are asking for a quality improvement effort to reduce disparities across the state, including activities such as participation in the LHEC or LAC Equity efforts, encourage organizations to report the CMS Social Drivers of Health Measures ([QualityNet Home \(cms.gov\)](https://www.cms.gov/QualityNet)) and increase/improve data collection of standardized REAL/SDOH data as identified by CMS as a top priority.

# HCR #44 Findings/Recommendations

*(4) Collaborating with health professional licensing boards of this state to draft proposals for legislation that will foster greater access to care for rural residents.*

## **Finding:**

Evaluations of pediatric outcomes after newborn screening is important to ensure the provision and receipt of necessary services and to target high-risk groups for public health interventions. Data to assess program goals are incomplete for most disorders identified by newborn screening. In 1972, Congress passed the National Sickle Cell Anemia Control Act, and the first state newborn screening program for SCD was implemented in 1975\*. However, states did not widely adopt newborn screening for SCD until 1986.

## **Recommendation:**

- 1) Support the efforts and recommendations of the Sickle Cell Disease Commission ([Louisiana Sickle Cell Commission | La Dept. of Health](#)), which include:
  - a. Medical Services
  - b. Patient Navigation
  - c. Education & Advocacy
  - d. Data & Surveillance
  - e. Budget Recommendations
  - f. State Registry with repository to national registry



# HCR #44 Findings/Recommendations

*(4) Collaborating with health professional licensing boards of this state to draft proposals for legislation that will foster greater access to care for rural residents.*

## **Finding:**

There are 207 RHCs in Louisiana. Of those RHCs, 108 are provider-based or hospital-based, and 107 are independent clinics. The clinics must be staffed by NP/Pas at least 50%.

Only four states license RHCs in addition to the CMS certification and accreditation processes.

Louisiana is the most difficult state to obtain a license.

The Louisiana licensing packet is exhaustive. There is redundancy in the information throughout the application.

LAC Title 48, Chapter 75 August 2022 is MORE strict than earlier versions. It requires not only that NPs have ACLS if they are more than 10 minutes from an ACLS provider but also a written letter from the nearest ACLS provider saying they will accept the patient. This is in addition to requirements that the RHC have written agreements for inpatient admission or have a physician with admitting privileges, transfer agreement with EMS, and transfer agreement with the nearest hospital. The clinic could not get a letter from Acadian but finally got one from MedExpress because someone knew someone. The EMS dispatch is done through the 911 system, and the closest services are dispatched. This requirement for all the transfer agreements is out of date. The clinic covers its process in its emergency preparedness plan. Accreditors do not require letters.

## **Recommendation:**

- We recommend that LDH hire a national consultant to review and simplify the current application process to remove barriers to opening an RHC in Louisiana.

# HCR #44 Findings/Recommendations

*(5) Developing proposals for healthcare workforce training initiatives that promote diversity in health professions.*

## **Findings:**

Indicates that nurses from minority backgrounds represent 16.8% of the RN workforce. The number of racial/ethnic minority individuals enrolled in nursing schools is suboptimal to meet the diversity needs of the future. Minority nurse faculty underrepresentation is yet another concern. Recent findings revealed that 12.6% of full-time nursing school faculty come from minority backgrounds, and approximately 6.2% are male.

## **Recommendations:**

- All universities must have a diversity goal for all healthcare training programs, including admission rates to the programs and completion of the course for minority populations. Since this data is reported to the State, universities should receive incentives for increasing/meeting diversity goals for admission and/or completion.
- Support the efforts of the Louisiana Action Coalition in its efforts to promote diversity in the workforce.
- The Board of Regents' 2023 goal to increase adult post-secondary graduates to 60% by 2030 must include increasing the diversity of post-secondary graduates and creating a plan to reach this by 2030.

# Hold My Hand





To Bring  
Smiles of  
Hope



# Thank you for Holding My Hand

- Karen O. Wyble, RN, DNP, MSN, MHA, MBA
  - [karen.wyble@ochsner.org](mailto:karen.wyble@ochsner.org)
  - 337-654-2659

# References

- Agency for Healthcare Research and Quality, <https://www.ahrq.gov>
- CDC, 2013, <https://cdc.gov>
- Critical Support Needed for Rural Louisiana Communities, February 17, 2020, *Feeding Louisiana*.. <https://www.feedinglouisiana.org/post/critical-support-needed-for-rural-Louisiana-communities>
- Dr. Margee Lougis at Brigham and Women's Hospital and Harvard Medical School, What is health disparity? <https://www.youtube.com>
- Dr. Linda Willies-Jacobo, Center for a Diverse Healthcare Workforce, <https://youtube.com/watch?v=ONJDVJpMHnl>
- Louisiana Budget Project (2018). <https://www.labudget.org/wp-content/uploads/2018/09/LBP-ACS-analysis-2018-101.pdf>
- Most rural parishes in Louisiana, March 8, 2023. <https://Stacker.com/Louisiana/most-rural-parishes-louisiana>
- Myers, D. (2020). Lisa Cooper on why the racism roiling America is a public health issue, *Global Health Now, Johns Hopkins Bloomberg School of Public Health*. <https://globalhealthnow.org/2020-06/lisa-cooper-why-racism-roiling-America-public-health-issue>
- Phillips, J. M., & Malone, B. (2014). Increasing racial/ethnic diversity in nursing to reduce health disparities and achieve health equity. *Public health reports (Washington, D.C. : 1974)*, 129 Suppl 2(Suppl 2), 45–50. <https://doi.org/10.1177/00333549141291S209>
- U.S. Department of Agriculture's Economic Research Services, Rural Poverty & Well-Being. <https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/>
- U.S. Department of Health and Human Services, Office of Minority Health, <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61>
- Well A-head Louisiana, <https://wellaheadla.com/healthcare-facilities/>
- YouTube, AAFA National (February 19, 2021).





**Questions?**

# We want to hear from you!

<https://www.surveymonkey.com/r/RCYLXYT>



# RURAL **HEALTH** WORKSHOP

**Breakout Sessions: 1:15 – 2:15 p.m.**

**Break with Exhibitors: 2:15 – 2:45 p.m.**

